

2000 Medical Expenditure Panel Survey  
Insurance Component

# **HEALTH INSURANCE COST STUDY**

## **Establishment Questionnaire**

*(Please correct any errors in name, address, and ZIP  
Code. Enter number and street if not shown.)*

U.S. DEPARTMENT OF COMMERCE  
Economics and Statistics Administration  
U.S. CENSUS BUREAU  
ACTING AS COLLECTING AGENT FOR  
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

**RETURN TO**

**U.S. Census Bureau  
1201 East 10th Street  
Jeffersonville, IN 47132-0001**

**PLEASE RETURN ENTIRE PACKAGE WITHIN**

***PLEASE DO NOT REMOVE THIS COVER SHEET***

## INSTRUCTIONS

1. Please report for the establishment identified on the cover sheet, unless otherwise specified.
2. Please report data for the year **2000**.
3. Estimates are acceptable.
4. For an explanation of unfamiliar terms, refer to the Definition Sheet included with this package.
5. If you have any questions or need assistance in completing the questionnaire, please call

### Paperwork Reduction Act and Burden Statements

We expect that it will take 45 minutes, on average, per establishment, to complete the basic questionnaire. Establishments with more than one health plan will take an additional 10 minutes per plan, on average, up to the maximum of four plans to be reported. In addition, we estimate that it will take 15 minutes to review the instructions and locate the requested information. You may send any comments regarding this burden estimate or any other aspect of the collection of information, including suggestions for reducing burden, to the following address: Director, Center for Cost and Financing Studies, Paperwork Reduction Project 0935-0110, Agency for Healthcare Research and Quality, Executive Office Center, Suite 500, 2101 East Jefferson Street, Rockville, MD 20852-4908.

## Section A – NUMBER OF PLANS

Please respond for the location identified on the cover sheet unless otherwise specified.

Respond for **ACTIVE** employees only.

**1a. Did your organization make available or contribute to the cost of any health insurance plans for its ACTIVE employees in 2000?**

For this survey, a health insurance plan is hospital and/or physician coverage made available to employees.

- 001 1 ☐ Yes – Continue with Question 1b  
2 ☐ No – **SKIP to Section B**

**b. How many different health insurance choices did your organization make available or contribute to for its ACTIVE employees during the 2000 plan year?**

Do not count single service plans (optional plans) such as dental or vision.

Plans offered by the same insurance company which offer:

- Employee-only, employee-plus-one, and family plans providing the same level of benefits count as one plan.
- High and standard options count as two plans.
- An HMO and a conventional plan count as two plans.

003  **SKIP to Page 4, Section C**

## Section B – HEALTH INSURANCE NOT OFFERED

Complete only if health insurance was **NOT** offered during 2000; otherwise, **SKIP to Page 4, Section C.**

**1a. Did your organization offer any health insurance as a benefit to its employees at this location between January 1, 1995 and December 31, 1999?**

- 031 1 ☐ Yes – Continue with Question 1b  
2 ☐ No – **SKIP to Question 2**

**b. What was the last year your organization offered health insurance coverage to its employees at this location?**

032  1  9  9  Last year offered

**2. In 2000, did your organization pay the medical or hospital bills of its employees directly, other than for workers' compensation and/or injuries suffered on the job?**

- 049 1 ☐ Yes  
2 ☐ No

**3a. Instead of providing a health plan in 2000, did your organization provide a voucher or stipend to its employees which could be used to purchase health insurance?**

- 045 1 ☐ Yes – Continue with Question 3b  
2 ☐ No – **SKIP to Page 4, Section C**

**b. Was this voucher or stipend to be used exclusively for health insurance or health care?**

- 046 1 ☐ Yes  
2 ☐ No

**c. What was the average value PER EMPLOYEE of this voucher or stipend at this location?**

047 \$     ,   .  0  0 Voucher value

**d. How frequently was this voucher or stipend paid?**

Mark (X) only one.

- 048 1 ☐ Weekly  
2 ☐ Every 2 weeks  
3 ☐ Monthly  
5 ☐ Quarterly  
4 ☐ Yearly

**Continue with Page 4, Section C**

## Section C – EMPLOYMENT CHARACTERISTICS

Estimates are acceptable for all employment, eligibility, and enrollment figures.  
*Include officers, owners, part-time, temporary and seasonal employees.*  
*Exclude leased or contract workers and retirees.*

- 1. What was the total number of employees your organization had at ALL locations for a TYPICAL pay period in 2000?**

034

**Employees at all locations**

*Complete questions 2–7 for the location listed on the cover sheet.*

- 2a. How many employees were on your organization's payroll AT THIS LOCATION for a TYPICAL pay period in 2000?**

200

**All employees at this location**

*If your organization did not offer health insurance in 2000, SKIP to Question 3a.*

- b. How many of these employees were ELIGIBLE for at least one health plan through your organization?**

201

**Eligible employees**

- c. How many of these employees were ENROLLED in ANY health plan through your organization?**

202

**Enrolled employees**

- 3a. For the same TYPICAL pay period in 2000, how many of the employees reported in C2a worked part-time?**

203

**Part-time employees**

*If your organization did not offer health insurance in 2000, SKIP to Question 4.*

- b. How many of these part-time employees were ELIGIBLE for at least one health plan through your organization?**

204

**Eligible part-time employees**

- c. How many of these part-time employees were ENROLLED in ANY health plan through your organization?**

205

**Enrolled part-time employees**

- 4. Did your organization offer health insurance to its temporary or seasonal employees in 2000?**

*Mark (X) only one.*

564

1 ☐ Yes

2 ☐ No

4 ☐ No temporary or seasonal employees

3 ☐ Don't know

- 5. Is the information you provided in questions 2 and 3 above for the location listed on the cover sheet OR did you provide information for multiple locations?**

550

1 ☐ Information for specified location

2 ☐ Information for multiple locations

## Section C – EMPLOYMENT CHARACTERISTICS – Continued

*Provide information for a TYPICAL pay period in 2000.*

Estimates are acceptable.

The following workforce characteristics are used to group similar organizations together for analytical purposes.

*If none, enter "0".*

**6a. What percentage of the employees at this location were women?**

016

 %

Women employees

**b. What percentage of the employees at this location were 50 years old or older?**

017

 %

Employees 50 years old or older

**c. What percentage of the employees at this location were union members?**

018

 %

Union members

**d. For the employees at this location in 2000, approximately what percentage earned –**

**Less than \$9.50 per hour?** . . . . .  
Approximately \$19,800 a year or less

022

 %

Earned less than \$9.50 per hour

**Between \$9.50 and \$21.00 per hour?** . . . . .  
Approximately \$19,800 to \$43,700 a year

023

 %

Earned between \$9.50 and \$21.00 per hour

**More than \$21.00 per hour?** . . . . .  
Approximately \$43,700 a year or more

024

 %

Earned more than \$21.00 per hour

**7. How many hours per week must an employee work to be considered full-time at this location?**

041

Hours

*Continue with Page 6, Section D*

## Section D – BUSINESS CHARACTERISTICS

**1a. Which of the following categories best describes the operational status of the establishment at this location at the end of 2000?**

*Mark (X) only one.*

**b. During what month and year did this establishment's change in operational status occur?**  
*Enter numeric responses*  
 Example: January 2000 –

516

1	<input type="checkbox"/> In operation	} <b><i>SKIP to Question 2a</i></b>
2	<input type="checkbox"/> Temporarily or seasonally inactive	
3	<input type="checkbox"/> Ceased operation	} <i>Continue with Question 1b</i>
4	<input type="checkbox"/> Sold or leased to another operator	

**b. During what month and year did this establishment's change in operational status occur?**  
*Enter numeric responses*  
 Example: January 2000 –

**2a. Which of the following fringe benefits did your organization offer in 2000?**

*For an explanation of unfamiliar terms, refer to the Definition Sheet included with this package.*

*Mark (X) all that apply.*

517

Mo.

Yr.

**2a. Which of the following fringe benefits did your organization offer in 2000?**

*For an explanation of unfamiliar terms, refer to the Definition Sheet included with this package.*

*Mark (X) all that apply.*

**b. If your organization offered a Flexible benefit plan (Cafeteria plan), what was the average annual value of the plan, for a TYPICAL employee, at this location?**

050 ☐ Paid vacation

051 ☐ Paid sick leave

052 ☐ Life insurance

053 ☐ Disability insurance

054 ☐ Retirement/pension plans

055 ☐ Medical savings accounts (MSAs)

056 ☐ Flexible spending accounts

057 ☐ Flexible benefit plans (Cafeteria plans), *if marked, continue with Question 2b; otherwise, **SKIP to Question 3.***

566 ☐ None of the above, **SKIP to Question 3**

058 

\$				,				.	0	0
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 Flexible benefit plan value

**3. Which one of these categories BEST describes your type of business ownership?**

*Mark (X) only one.*

**4. Is this a not-for-profit business?**

062

- 1 ☐ S corporation
- 2 ☐ Corporation
- 3 ☐ Partnership
- 4 ☐ Sole proprietorship
- 5 ☐ Government (Federal, state, or local)
- 6 ☐ Joint venture or cooperative

**4. Is this a not-for-profit business?**

063 1 ☐ Yes  
2 ☐ No

**5. Which one of these categories BEST describes the principal business activity at this location?**

*If more than one apply, mark the category which generates the most revenue.*

*Mark (X) only one.*

<p><b>6. Approximately how many years has your company been in business?</b></p> <p><i>If your organization operates at more than one location, enter the number of years the parent company has been in business.</i></p>
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589

- 1 ☐ Retail trade
- 2 ☐ Accommodations, food services, or entertainment/recreational services
- 3 ☐ Personal or administrative/building support services (e.g., beauty shops, drycleaners, secretarial, janitorial)
- 4 ☐ Professional services (e.g., legal, computer, communications, education, health)
- 5 ☐ Religious, civic or other non-profit organizations
- 6 ☐ Finance, insurance, real estate, or company management
- 7 ☐ Manufacturing or mining
- 8 ☐ Wholesale trade
- 9 ☐ Utilities or transportation
- 10 ☐ Construction
- 11 ☐ Agriculture, forestry, fishing or hunting

<p><b>6. Approximately how many years has your company been in business?</b></p> <p><i>If your organization operates at more than one location, enter the number of years the parent company has been in business.</i></p>
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588

1 <input type="checkbox"/> Less than 1 year	4 <input type="checkbox"/> 5–9 years
2 <input type="checkbox"/> 1–2 years	5 <input type="checkbox"/> 10–20 years
3 <input type="checkbox"/> 3–4 years	6 <input type="checkbox"/> Greater than 20 years

***If your organization DID offer health insurance coverage to its employees in 2000, continue with Page 7, Section E.  
If your organization DID NOT offer health insurance coverage to its employees in 2000, SKIP to Page 9, Section G.***

## Section E – GENERAL HEALTH COVERAGE CHARACTERISTICS

**Complete Section E if your organization made insurance available to its employees at this location in 2000.**

*Please complete questions 1–3 for this location ONLY.*

**1a. What was the total annual cost of coverage for ALL hospital and/or physician plans offered AT THIS LOCATION in 2000?**

Estimates are acceptable.

*Include both employer and employee contributions.*

*Include the total cost of coverage for all **ACTIVE** employees at the location identified on the cover sheet.*

199

\$		,		,		,		.	0	0
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Annual cost for hospital and/or physician plans

**b. What percentage of the total annual cost was contributed by the employer?**

590

	%
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Employer contribution

**2a. Which of the listed optional coverage services, if any, did your organization offer to its ACTIVE employees in 2000 at a premium SEPARATE from the comprehensive health plan premium?**

*Report single service insurance plans only.*

*Do not include single services covered under a comprehensive health plan.*

Mark (X) all that apply.

192

☐ Dental

193

☐ Vision

194

- ☐ Prescription drugs

195

☐ Long-term care

Continue with Question 2b

562

☐ No optional coverage – **SKIP to Question 3a**

**b. What was the total amount paid for optional coverage for all ACTIVE employees ENROLLED AT THIS LOCATION in 2000?**

*Include both employer and employee contributions.*

196

\$		,		,		,		.	0	0
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Optional coverage cost

**3a. For 2000, did your organization impose a waiting period before new employees could be covered by health insurance?**

197

1 ☐ Yes – Continue with Question 3b

2 ☐ No – **SKIP to Page 8, Section F**

**b. For 2000, what was the TYPICAL waiting period?**

Mark (X) only one.

198

1 ☐ Less than 2 weeks

2 ☐ 2 weeks to less than 1 month

5 ☐ Until the first day of the next month

3 ☐ 1-3 months

4 ☐ More than 3 months

## Section F – RETIREE HEALTH COVERAGE CHARACTERISTICS

- Please complete questions 1–5 for ALL locations.*
- 1. In 2000, did your organization provide health insurance to ANY employees who retired from your organization?**
- If your organization did not have retirees, mark "No."  
If COBRA was the only coverage offered, mark "No."*

551 1 ☐ Yes – Continue with Question 2  
2 ☐ No  
3 ☐ Don't know } **SKIP to Page 9, Section G**

- 2. Did your organization offer its retirees at least one portable plan?**
- A portable plan allows the retiree to obtain care in almost all locations within the country.

512 1 ☐ Yes  
2 ☐ No

- 3. How many RETIREE-ONLY hospital and/or physician plan choices did your organization offer in 2000?**
- Do not include plans for which ACTIVE employees were eligible.*

510  **Retiree-only plans**  
**OR**  
511 ☐ None

### UNDER 65 YEARS OF AGE

- 4a. Were retirees under 65 years of age eligible to receive health insurance in 2000?**

209 1 ☐ Yes – Continue with Question 4b  
2 ☐ No – **SKIP to Page 9, Question 5**

- b. What was the TOTAL number of retirees under 65 years of age covered by health insurance through your organization at all of its locations in 2000?**

572  **Total** retirees under 65 covered by insurance

- c. What percentage of these retirees were ENROLLED in EMPLOYEE-ONLY coverage?**

573  % Retirees under 65 **enrolled** in **employee-only** coverage

- d. For a typical plan in 2000, how much did the EMPLOYER contribute toward the monthly plan premium for one typical retiree with EMPLOYEE-ONLY coverage?**

574 \$    ,    .  0  0 **Employer contribution for employee-only premium**

- e. For this same plan, what was the TOTAL monthly premium for this typical retiree with EMPLOYEE-ONLY coverage?**

575 \$    ,    .  0  0 **Total employee-only premium**

- f. For a typical plan in 2000, how much did the EMPLOYER contribute toward the monthly plan premium for one typical retiree with FAMILY coverage?**
- For retirees, if premium varies by family size, report for a family of two.*

576 \$    ,    .  0  0 **Employer contribution for family premium**

- g. For this same plan, what was the TOTAL monthly premium for this typical retiree with FAMILY coverage?**

577 \$    ,    .  0  0 **Total family premium**



## Section F – RETIREE HEALTH COVERAGE CHARACTERISTICS – Continued

### AGE 65 YEARS AND OVER

**5a. Were retirees age 65 years and over eligible to receive health insurance in 2000?**

- 210 ☐ 1 Yes – Continue with Question 5b  
☐ 2 No – **SKIP to Section G**

**b. What was the TOTAL number of retirees age 65 years and over covered by health insurance through your organization at all of its locations in 2000?**

578  **Total** retirees 65 years and over covered by insurance

**c. What percentage of these retirees were ENROLLED in EMPLOYEE-ONLY coverage?**

579  % Retirees 65 years and over **enrolled in employee-only** coverage

**d. For a typical plan in 2000, how much did the EMPLOYER contribute toward the monthly plan premium for one typical retiree with EMPLOYEE-ONLY coverage?**

580 \$  **Employer** contribution for **employee-only** premium

**e. For this same plan, what was the TOTAL monthly premium for this typical retiree with EMPLOYEE-ONLY coverage?**

581 \$  **Total employee-only** premium

**f. For a typical plan in 2000, how much did the EMPLOYER contribute toward the monthly plan premium for one typical retiree with FAMILY coverage?**

*For retirees, if premium varies by family size, report for family of two.*

582 \$  **Employer** contribution for **family** premium

**g. For this same plan, what was the TOTAL monthly premium for this typical retiree with FAMILY coverage?**

583 \$  **Total family** premium

500 Remarks

## Section G – PERSON COMPLETING THIS QUESTIONNAIRE

### \*\*\* PLEASE NOTE \*\*\*

***If your organization offered health insurance, please complete Section G and an attached MEPS-10(S), Plan Information Questionnaire for each plan offered.***

***If your organization DID NOT offer health insurance, please complete Section G and END the form.***

212 Name (Please print)

213 Title

Signature

214 Date (Month/Day/Year)

M	M	D	D	Y	Y	Y	Y
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215 Telephone number  
(       )

220 Extension

216 FAX number  
(       )

217 E-Mail address